Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	٧G	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	****	18.9			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	67	88		*****	7	9			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2169	****		*****	231	****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
Ho	SAMPLE MEASUREMENT	****	****	****	6.8	****	7.1			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	63	81		*****	7	9			Three per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1764	****		*****	187	****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	28			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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	09/01/2014	1	09/30/2014

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 9				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	****	*****	****	****	6.3			Quarterly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	30			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	****	****	5.33			Quarterly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphate, ortho, dissolved [as P	SAMPLE MEASUREMENT	*****	****	*****	****	****	5.04			Quarterly	COMP24
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	****	20	100			Three per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	****		****	****	****	*****		Continuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	****	****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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	09/01/2014	]	09/30/2014

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	.07	.3			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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External Outfall

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	17.1			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	81	120		*****	8	13			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2328	****		*****	238	****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.1			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	63	73		****	6	8			Three per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1994	****		*****	202	****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	15.3			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	3	30			Three per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.2	****		*****	****	****	*****		Continuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	.07	.13			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	*****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14.8			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
30D, 5-day, 20 deg. C	SAMPLE MEASUREMENT	87	112		*****	8	9			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2595	****		*****	226	****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
H	SAMPLE MEASUREMENT	****	****	****	6.8	****	7			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	74	87		*****	6	7			Three per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1559	****		*****	136	****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	15			Monthly	COMP24
00610 1 0	PERMIT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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External Outfall

No Discharge

LE MENT  IIT EMENT  IIT EMENT  IIT EMENT  LE MENT  LE MENT  LE MENT  LE MENT  LE MENT  LE MENT	*****  *****  *****  *****	*****  *****  *****  ******	*****  *****  *****  *****	VALUE  *****  *****  ******	*****  *****  *****  *****	VALUE  NODI B  Req. Mon. DAILY MX  NODI B  Req. Mon. DAILY MX  NODI B	ug/L ug/L	EX	Twice per Year  Twice per Year	TYPE  COMP24  COMP24
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	****	****	****	*****	*****	NODI B				
	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
	MIT EMENT  LE EMENT  MIT EMENT  LE EMENT  MIT EMENT  LI EMENT  I certify under pedirection or supe	MIT *****  EMENT  MIT *****  MIT *****  EMENT  MIT *****  EMENT  MIT *****  EMENT  MIT *****  I Certify under penalty of law that this direction or supervision in accordance	MIT ***** *****  MIT ***** *****  MIT ***** *****  EMENT  MIT ***** *****  EMENT  LE ******  ******  MIT *****  EMENT  I Certify under penalty of law that this document and all attachm direction or supervision in accordance with a system designed to	MIT ***** ***** *****  MIT ****** *****  MIT ***** *****  EMENT  MIT ***** *****  EMENT  LE ****** *****  EMENT  LE ****** *****  EMENT  AIT ***** *****  EMENT  AIT ******  I Certify under penalty of law that this document and all attachments were prepared undirection or supervision in accordance with a system designed to assure that qualified direction or supervision in accordance with a system designed to assure that qualified	MIT	MIT	MIT ****** ***** ***** ****** Req. Mon. DAILY MX  LE MENT ***** ***** ***** ***** NODI B  MIT ****** ***** ***** ***** Req. Mon. DAILY MX  LE ****** ***** ***** ***** ***** Req. Mon. DAILY MX  LE ****** ***** ***** ***** ***** ***** Req. Mon. DAILY MX  LE ****** ***** ***** ***** ***** Req. Mon. DAILY MX  MIT ****** ***** ***** ***** ***** NODI B  MIT ****** ***** ***** ***** Req. Mon. DAILY MX  LE ****** ***** ***** ***** Req. Mon. DAILY MX  LE ****** ***** ***** ***** Req. Mon. DAILY MX  LE ****** ***** ***** ***** ***** Req. Mon. DAILY MX	MIT ****** ***** ***** ****** Req. Mon. DAILY MX  LE ****** ***** ****** ****** ****** NODI B  MIT ****** ***** ***** ****** Req. Mon. DAILY MX  LE ****** ***** ***** ****** ****** Req. Mon. DAILY MX  LE ****** ***** ***** ***** ****** Req. Mon. DAILY MX  LE ****** ***** ***** ****** Req. Mon. DAILY MX  MIT ****** ***** ***** ****** Req. Mon. DAILY MX  LE ****** ***** ****** ***** Req. Mon. DAILY MX  NODI B  MIT ****** ***** ***** ****** Req. Mon. DAILY MX  LE ****** ***** ****** ****** Req. Mon. DAILY MX  LE ****** ***** ****** ****** ****** Req. Mon. DAILY MX  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified	MIT ****** ***** ***** ****** Req. Mon. DAILY MX  LE ****** ***** ****** ****** ****** NODI B  MIT ****** ***** ***** ****** Req. Mon. DAILY MX  LE ****** ***** ***** ****** ****** Req. Mon. DAILY MX  LE ****** ***** ***** ****** ****** ******	MIT ****** ***** ***** ****** ****** Req. Mon. DAILY MX Year  LE ****** ***** ***** ****** ****** NODI B  MIT ****** ***** ***** ****** Req. Mon. DAILY MX Twice per Year  LE ****** ***** ***** ****** ****** Req. Mon. DAILY MX Twice per Year  LE ****** ***** ***** ****** ****** ******

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TELEPHONE

TELEPHONE

DATE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2014	1	11/30/2014

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, total [as Cr]	SAMPLE MEASUREMENT	****	****	****	****	*****	2.66			Twice per Year	COMP24
01034 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****	****	17			Twice per Year	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	****	****	51.1			Twice per Year	COMP24
01042 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
ead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	*****	****	1.19			Twice per Year	COMP24
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
.ead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	****	*****	****	6.46			Twice per Year	COMP24
01051 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
lickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.43			Twice per Year	COMP24
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
lickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	*****	****	2.69			Twice per Year	COMP24
01067 G 0	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Silver, total [as Ag]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	.48			Twice per Year	COMP24
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	****	****	.66			Twice per Year	COMP24
01077 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	****	****	190			Twice per Year	COMP24
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	****	****	180			Twice per Year	COMP24
01092 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	4	10			Three per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.4	****		****	****	****	*****		Continuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	*****	.08	.2			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anormation, moleculing the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.27			Twice per Year	COMP24
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI B				
71900 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	97	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

SANDPOINT, ID 83864

Γ	ID0020842		001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	12/01/2014	]	12/31/2014						

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	٧G	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	****	11.5			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	225	561		*****	12	21			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3332	****		*****	213	****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	6.8	*****	7.4			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	96	156		*****	6	7			Three per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1586	****		*****	94	****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	15.4			Monthly	COMP24
00610 1 0	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

DMR Mailing ZIP CODE: 83864

MAJOR \$ (SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUANTITY OR LOADING			Q		•	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF	ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	1.42		Qı	uarterly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Qı	uarterly	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	2.15		Qı	uarterly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L	Qı	uarterly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	16.4		Qı	uarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L	Qı	uarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	2.43		Qı	uarterly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L	Qı	uarterly	COMP24
Phosphate, ortho, dissolved [as P	SAMPLE MEASUREMENT	*****	****	*****	****	****	2.15		Qı	uarterly	COMP24
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L	Qı	uarterly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	****	4	50			ree per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEO	406 DAILY MX	#/100mL		ree per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	****		*****	****	*****	*****	Cor	ntinuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	****	****	****	Cor	ntinuous	Recorder (auto)
NAME/TITLE PRINCIPAL EXECUTIV		r penalty of law that this d upervision in accordance v			der my				TELEPHO	NE I	DATE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

accurate, and complete. I am aware that there are significant penalties for submitting false

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TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

Γ	ID0020842		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONUTO		0.050100
	MONITO	KIIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2014	Ì	12/31/2014

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	.05	.14			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	****	94	*****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	****	94	*****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

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ID0020842	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
01/01/2015	01/31/2015								

DMR Mailing ZIP CODE: 83864

MAJOR \$

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TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	10.4			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	217	458		****	11	14			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3031	****		*****	175	****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	6.9	*****	7.3			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	160	368		*****	7	12			Three per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1190	*****		*****	67	****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17.1			Monthly	COMP24
00610 1 0	PERMIT	*****	*****	*****	*****	*****	Req. Mon.	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information, the information, the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information, the information submitted as each or my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITO	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
01/01/2015	01/31/2015									

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	100			Three per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	*****		****	****	*****	*****		Continuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.07	.27			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	94	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	89	****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD

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TYPED OR PRINTED	anormation, moleculing the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
02/01/2015	02/28/2015							

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	9			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	308	781		*****	10	16			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4743	****		*****	185	****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	7.3			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	169	325		*****	6	7			Three per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1589	*****		*****	70	*****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	10.5			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel p	supervision in accordance roperly gather and evaluat	document and all attachme with a system designed to the the information submitted stem, or those persons dire	assure that qualified d. Based on my inqui	ry of the				TEL	EPHONE	DATE

the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842		001-A						
PERMIT NUMBER		DISCHARGE NUMBER						
MONITORING PERIOD								
MONTE		O I LINIOD						
MM/DD/YYYY		MM/DD/YYYY						
02/01/2015	Ī	02/28/2015						

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	6	60			Three per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.3	*****		*****	****	*****	*****		Continuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.08	.24			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	95	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	92	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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SANDPOINT, ID 83864
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	٧G	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	****	10.5			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	160	403		*****	9	21			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3783	****		*****	220	****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	6.8	****	7.3			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	110	334		****	6	10			Three per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1382	****		****	81	****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	19.8			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | NUMBER | MM/DD/YYYY | AREA Code | N

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
03/01/2015	03/31/2015					

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	*****	****	****	*****	NODI B				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	1.53			Quarterly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	****	****	****	****	21.6			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	2.52			Quarterly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	2.32			Quarterly	COMP24
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	25			Three per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	****		*****	****	*****	*****		Continuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	and match, including the possibility of the and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

Γ	ID0020842		001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	WONT		O I LIKIOD						
	MM/DD/YYYY		MM/DD/YYYY						
	03/01/2015	1	03/31/2015						

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	.09	.24			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	****	93	****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	and matter, melating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

Γ	ID0020842		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	04/01/2015	1	04/30/2015

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	ΝG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	12.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	189	212		*****	14	19				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP2
30D, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2246	****		*****	165	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP2
Н	SAMPLE MEASUREMENT	****	****	****	6.7	****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	93	118		*****	6	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP2
Solids, total suspended	SAMPLE MEASUREMENT	1412	****		*****	102	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP2
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	18.2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP2
NAME/TITLE PRINCIPAL EXECUTIV	airection or	supervision in accordance	document and all attachme with a system designed to te the information submitted	assure that qualified	l l				TELE	EPHONE	DATE

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SANDPOINT, ID 83864
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

Γ	ID0020842		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONUTO	0.050100	
	MONTIC	RIIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2015	]	04/30/2015

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	2	2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	*****		*****	****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.09	.48			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	91	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD

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SANDPOINT, ID 83864
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	17.5			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	126	157		*****	13	16			Three per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2760	****		*****	290	****			Three per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	6.9	****	7.6			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	46	67		*****	5	8			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1685	****		****	177	****			Three per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	31.7			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	QUALITY OR CONCENTRATION			NO. FREQUENCY		0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cyanide, total [as CN]	SAMPLE MEASUREMENT	*****	****	****	****	****	NODI C				
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Cyanide, total [as CN]	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI C				
00720 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Arsenic, total [as As]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Arsenic, total [as As]	SAMPLE MEASUREMENT	*****	*****	****	****	****	NODI C				
01002 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	****	****	****	****	.155				
01027 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	****	****	****	****	NODI C				
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
NAME/TITLE PRINCIPAL EXECU		penalty of law that this oupervision in accordance	document and all attachm		der my				TFI	EPHONE	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
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05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, total [as Cr]	SAMPLE MEASUREMENT	****	*****	*****	****	****	2.11			Twice per Year	COMP24
01034 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	****	11.2			Twice per Year	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	****	****	89.2			Twice per Year	COMP24
01042 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	****	****	1.26			Twice per Year	COMP24
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	****	****	7.46			Twice per Year	COMP24
01051 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	****	****	1.27			Twice per Year	COMP24
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	*****	*****	****	****	2.78			Twice per Year	COMP24
01067 G 0	PERMIT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

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	MONITO	G PERIOD	
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2015	1	05/31/2015

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ΓΙΤΥ OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	*****	*****	****	****	.82			Twice per Year	COMP24
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	****	****	.93			Twice per Year	COMP24
01077 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	*****	*****	82			Twice per Year	COMP24
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	*****	****	180			Twice per Year	COMP24
01092 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	2	2			Three per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	*****		****	****	****	*****		Continuous	Recorder (auto)
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	****	.08	.5			Twice per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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SANDPOINT, ID 83864
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
71900 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	95	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	****	85 MN % RMV	****	*****	%		Monthly	CALCTD

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LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

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Γ	ID0020842		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2015	]	06/30/2015

DMR Mailing ZIP CODE: 83864

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TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	125	168		****	14	16				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2789	****		****	331	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	6.4	****	7.6		2		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	51	120		*****	6	12				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1761	****		****	211	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	6.63				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	/E OFFICED I certify und	er penalty of law that this	document and all attachme	nts were prepared u	nder my				TEL	EPHONE	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

SAMPLE

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

**PARAMETER** 

Nitrogen, nitrite total [as N]

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

**VALUE** 

\*\*\*\*\*

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

QUALITY OR CONCENTRATION

**VALUE** 

NODI B

**VALUE** 

\*\*\*\*\*

TO THE PEND OREILLE RIVIE

NO

EX

External Outfall

UNITS

No Discharge

SAMPLE

TYPE

FREQUENCY

OF ANALYSIS

	MEASUREMENT										
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI B				
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	33.5				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	2.65				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	2.46				
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	4	180				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1	****		****	****	****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	*****	*****	****	(	Continuous	Recorder (auto)
NAME/TITLE PRINCIPAL EXECUTIVE	direction or personnel p	der penalty of law that this of supervision in accordance roperly gather and evaluate	with a system designed to the information submitte	assure that qualified ed. Based on my inquir	y of the				TELEPI	HONE	DATE
	the informa accurate, an	ersons who manage the sys tion, the information subm d complete. I am aware tha , including the possibility o	itted is, to the best of my t there are significant pen	knowledge and belief, alties for submitting f	true, SIGNAT	TURE OF PRINCIPAL		CER OR			
TYPED OR PRINTED	c.mation	, possibility o	and imprisorinent			AUTHORIZI	ED AGEN I	А	AREA Code	NUMBER I	MM/DD/YYYY

UNITS

\*\*\*\*\*

QUANTITY OR LOADING

**VALUE** 

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**VALUE** 

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	06/01/2015	1	06/30/2015

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	.08	1.05			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	*****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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		QUAN	ITITY OR LOADII	NG	Ql	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	21.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
30D, 5-day, 20 deg. C	SAMPLE MEASUREMENT	175	191		****	22	37				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3581	****		****	432	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
oH	SAMPLE MEASUREMENT	****	*****	****	6.5	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	30	36		****	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1883	****		****	235	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	4.73				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	direction or	supervision in accordance	document and all attachme with a system designed to a e the information submitted	assure that qualified	* <b> </b>				TELE	EPHONE	DATE

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MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
07/01/2015	07/31/2015								

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	5	55				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.09	****		*****	****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	.08	.55				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

Γ	ID0020842		001-A						
Г	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	08/01/2015	1	08/31/2015						

DMR Mailing ZIP CODE: 83864

**MAJOR** 

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	114	128		*****	15	17				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2743	****		*****	357	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	6.8	*****	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUN	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	49	78		*****	6	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1885	****		*****	246	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	32				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel person or per	supervision in accordance roperly gather and evaluat ersons who manage the sy tion, the information subn	document and all attachme with a system designed to e the information submittee stem, or those persons dire itted is, to the best of my k at there are significant pena	assure that qualified d. Based on my inqui ctly responsible for g nowledge and belief,	ry of the athering true.	NATURE OF PRINCIPAL	EYECUTIVE OFFIC	EP OP	TEL	EPHONE	DATE
TYPED OR PRINTED	information	, including the possibility	of fine and imprisonment fo	or knowing violations	. 3101	AUTHORIZE		—	AREA Code	e NUMBER N	/M/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

Γ	ID0020842		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
		0.050100	
	MONITO	אואַ	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	08/01/2015	1	08/31/2015

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	3	50				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.9	*****		*****	****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	.05	.27			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	85 MN % RMV	****	****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

Γ	ID0020842		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2015	1	09/30/2015

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Femperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	21.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
30D, 5-day, 20 deg. C	SAMPLE MEASUREMENT	136	179		****	18	23				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
30D, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2620	****		****	341	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Н	SAMPLE MEASUREMENT	****	****	****	7.1	****	7.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	83	125		*****	11	16				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1750	*****		*****	228	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	51.5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

SAMPLE

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

**PARAMETER** 

Nitrogen, nitrite total [as N]

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

Γ	ID0020842		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	09/01/2015	1	09/30/2015

**VALUE** 

\*\*\*\*\*

DMR Mailing ZIP CODE: 83864

NO

EX

MAJOR \$

(SUBR 01)

QUALITY OR CONCENTRATION

**VALUE** 

NODI B

**VALUE** 

\*\*\*\*\*

TO THE PEND OREILLE RIVIE

External Outfall

UNITS

No Discharge

SAMPLE

TYPE

FREQUENCY

OF ANALYSIS

Titti ogen, milite total [us 11]	MEASUREMENT						NOBIB				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI B				
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	56				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	*****	7.98				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	6.78				
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	5	230				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	126 MO GEO	406 DAILY MX	#/100m		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.9	****		*****	****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
NAME/TITLE PRINCIPAL EXECUTIVE	airection or	supervision in accordance	document and all attachme with a system designed to the the information submitte	assure that qualified					TELEP	PHONE	DATE
	person or p the informa accurate, an	ersons who manage the systion, the information subm d complete. I am aware that	stem, or those persons dire hitted is, to the best of my l at there are significant pena of fine and imprisonment fo	ectly responsible for ga knowledge and belief, alties for submitting f	athering true, alse SIGNAT	URE OF PRINCIPAL		ER OR			
TYPED OR PRINTED	iriiormation	, including the possibility (	or thre and imprisonment to	or knowing violations		AUTHORIZE	ED AGENT	Ī	AREA Code	NUMBER N	MM/DD/YYYY

UNITS

\*\*\*\*\*

QUANTITY OR LOADING

**VALUE** 

\*\*\*\*\*

**VALUE** 

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

Γ	ID0020842		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2015	Ì	09/30/2015

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	.06	.22			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	95	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	*****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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SANDPOINT, ID 83864

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LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

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ID0020842		001-A
PERMIT NUMBER		DISCHARGE NUMBER
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MM/DD/YYYY	′	MM/DD/YYYY
10/01/2015		10/31/2015

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	19				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	103	123		****	14	16				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2969	****		****	396	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	6.7	****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	40	48		****	5	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1718	*****		*****	229	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	30.7				
00610 1 0	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	2	2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.9	****		*****	****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	.05	.3			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	98	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD

I I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY